

Welcome to Animal Clinic & Hospital

Thank you for bringing your pet to Animal Clinic & Hospital! We are a full-service hospital with six qualified veterinarians. We've been in business since 1947 and believe in quality, compassionate care for your pets. We treat them as if they are our own. We strive to give you and your pets the best care available and make every visit as pleasant as possible.

Please tell us about yourself:				
Name:	Spouse:			
Name:Billing Address:	City:	State:	Zip:	
Phone Number: (HOME/WORK/CELL?)	(HOME/WOR	 K/CELL?)		
Email Address:	· · · · · · · · · · · · · · · · · · ·	,		
Employer/Student:	How did you he	ar about us?		
Email Address:	ers? Postcard	d ☐ OR	Email 🗌	
Payment is due at time of service. We accept Cash, Check, Visa, MasterCard,	, Discover, and	CareCredit as fo	orms of payment.	
Signature:	Date:			
Please tell us about your pet(s): Name: Spayed Neutered Unaltered Birthdate/Age: Species: Canine Feline Other Breed: Color(s):	Name: Sex: Birthdate// Species: Breed:	Age: Canine Felin		
Is your pet microchipped? Yes No	ls your pe	t microchipped?	Yes No	
Has your pet been out of the local area? No Yes - Where?	Has your pet been out of the local area? No Yes - Where?			
Temperment: Friendly Fearful Shy			Fearful Shy	
Nervous Unpredictable Aggressive	Nervous	Unpredictable	e Aggressive	
Medical Alerts:	Medical A	lerts:		
Medications:	Medication	Medical Alerts: Medications:		
Diot:	Diot:			